

§ 108A-54.3A. Eligibility categories and income thresholds.

The Department shall provide Medicaid coverage for individuals in accordance with federal statutes and regulations and specifically shall provide coverage for the following populations:

- (1) Families, children under the age of 21, pregnant women, and individuals who are aged, blind, or disabled, who are medically needy, subject to the following annual income levels after meeting the applicable deductible:

Family Size	Income Level
1	\$2,904
2	3,804
3	4,404
4	4,800
5	5,196
6	5,604
7	6,000
8	6,300
9	6,504
10	6,900
11	7,200
12	7,596
13	8,004
14	8,400
each additional family member	add \$396

- (2) Families and children under the age of 21, subject to the following annual income levels:

Family Size	Income Level
1	\$5,208
2	6,828
3	8,004
4	8,928
5	9,888
6	10,812
7	11,700
8	12,432
9	13,152
10	14,028
each additional family member	add \$936

- (3) Children under the age of 6 with family incomes equal to or less than two hundred ten percent (210%) of the federal poverty guidelines.
- (4) Children aged 6 through 18 with family incomes equal to or less than one hundred thirty-three percent (133%) of the federal poverty guidelines.
- (5) Children under the age of 19 who are receiving foster care or adoption assistance under Title IV-E of the Social Security Act, without regard to income.
- (6) Children in the legal custody of State-sponsored foster care who are under the age of 21 and ineligible for Title IV-E assistance, without regard to income.
- (7) Independent foster care adolescents ages 18, 19, and 20, as defined in 42 U.S.C. § 1396d(w)(1), without regard to income.

- (8) Former foster care children under the age of 26 in accordance with 42 U.S.C. § 1396a(a)(10)(A)(i)(IX), without regard to income.
- (9) Adoptive children with special or rehabilitative needs, regardless of the adoptive family's income.
- (10) Pregnant women with incomes equal to or less than one hundred ninety-six percent (196%) of the federal poverty guidelines. Coverage for pregnant women eligible under this subdivision include only services related to pregnancy and to other conditions determined by the Department as conditions that may complicate pregnancy.
- (11) Men and women of childbearing age with family incomes equal to or less than one hundred ninety-five percent (195%) of the federal poverty guidelines. Coverage for the individuals described in this subdivision shall be limited to coverage for family planning services.
- (12) Women who need treatment for breast or cervical cancer and who are defined in 42 U.S.C. § 1396a(a)(10)(A)(ii)(XVIII).
- (13) Aged, blind, or disabled individuals, as defined in Subpart F of Part 435 of Subchapter C of Chapter IV of Title 42 of the Code of Federal Regulations, with incomes equal to or less than one hundred percent (100%) of the federal poverty guidelines.
- (14) Beneficiaries receiving supplemental security income under Title XVI of the Social Security Act.
- (15) Workers with disabilities, as provided in G.S. 108A-66.1.
- (16) Qualified working disabled individuals, as provided in G.S. 108A-67.
- (17) Qualified Medicare beneficiaries with incomes equal to or less than one hundred percent (100%) of the federal poverty guidelines. Coverage for the individuals described in this subdivision shall be limited to payment of Medicare premiums and deductibles and coinsurance for Medicare-covered services.
- (18) Specified low-income Medicare beneficiaries with incomes equal to or less than one hundred twenty percent (120%) of the federal poverty guidelines. Coverage for the individuals described in this subdivision shall be limited to payment of Medicare Part B premiums.
- (19) Qualifying individuals who are Medicare beneficiaries and who have incomes equal to or less than one hundred thirty-five percent (135%) of the federal poverty guidelines may be covered within funds available for the Limited Medicare-Aid Capped Enrollment program. Coverage for the individuals described in this subdivision shall be limited to payment of Medicare Part B premiums.
- (20) Recipients of an optional State supplementation program provided in accordance with 42 U.S.C. § 1382e.
- (21) Individuals who meet eligibility criteria under a Medicaid waiver approved by the Centers for Medicare and Medicaid Services and authorized by an act of the General Assembly, within funds available for the waiver.
- (22) Refugees, in accordance with 8 U.S.C. § 1522.
- (23) Qualified aliens subject to the five-year bar for means tested public assistance under 8 U.S.C. § 1613 and undocumented aliens, only for emergency services under 8 U.S.C. § 1611. (2020-78, s. 4D.1.)